

EXHIBIT 3

Beth McCullough

To: Ben Gastel
Subject: RE: Motion to Compel

From: Schramek, Adam T. [<mailto:adam.schramek@nortonrosefulbright.com>]
Sent: Friday, September 26, 2014 2:11 PM
To: Ben Gastel
Cc: Puig, Yvonne K.; 'mgreer@adjtlaw.com'
Subject: RE: Motion to Compel

Ben:

As we discussed when we met in Boston prior to the September status hearing, Saint Thomas is objecting to the production of its self-insurance trust documentation because a trust is not an "insurance agreement under which an insurance business may be liable to satisfy all or part of a possible judgment" in these cases. Accordingly, it is not subject to disclosure under Rule 26(a)(1)(A)(iv). Per the attached order, a Michigan court of appeals reversed a trial court's order requiring production of the self-insurance trust under the Michigan disclosure rule, which is nearly identical to the federal rule. As the court there explained, a trust is not subject to pre-judgment discovery because it is not relevant to any liability issue. The hospital at issue in the Michigan case was Providence Hospital, which is one of the hospitals that participates in the self-insurance trust with Saint Thomas and other hospitals within the Ascension network.

With respect to the protective order issue, we provide the attached, redacted copies of the certificates for you to use in any filing. Let me know if you would like to further discuss.

Thanks,

Adam T. Schramek | Partner
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NORTON ROSE FULBRIGHT

Law around the world
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From: Ben Gastel [<mailto:beng@branstetterlaw.com>]
Sent: Friday, September 26, 2014 1:28 PM
To: Schramek, Adam T.; Puig, Yvonne K.; 'mgreer@adjtlaw.com'
Subject: RE: Motion to Compel

Any update on this?

From: Ben Gastel
Sent: Wednesday, September 24, 2014 10:13 AM
To: Adam T. Schramek (adam.schramek@nortonrosefulbright.com) (adam.schramek@nortonrosefulbright.com); 'yvonne.puig@nortonrosefulbright.com'; 'mgreer@adjtlaw.com'

Cc: Gerard Stranch; Chalos, Mark P. (mchalos@lchb.com) (mchalos@lchb.com); 'gnolan@leaderbulso.com'

Subject: Motion to Compel

Counsel,

You produced the Saint Thomas Entities' certificates of insurance under the Third Amended Protective Order and I believe I will need to file that document in support of our motion to compel production of the trust agreement. The protective order mandates that we are to meet and confer about redacting that document before I file it under seal. If you take the position that the entirety of that document is subject to the protective order, then I think we can dispense with the call. If we can discuss a possible redaction to prevent filing under seal, then I am happy to have a call.

I am not intending this proposal as any waiver of the PSC's right to claim that the information in the certificates is not subject to the protective order, but I do not believe it is necessary to address this issue at this time. As a result the PSC reserves its right to challenge this designation at an appropriate time.

Thank you,


Ben Gastel
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CERTIFICATE OF COVERAGE					Issue Date: 8/25/2014 Certificate #: AH 25101	
Producer Ascension Risk Services P.O. Box 46944 11775 Borman Drive, Suite 300 St. Louis, MO 63146 coi-credrequests@ascensionhealth.org		This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded below.				
Covered Entity Ascension Health Alliance 11775 Borman Drive St. Louis, MO 63146		Trust Plan Letter A Ascension Health Alliance Self-Insurance Trust Account				
COVERAGES						
This is to certify that the coverage listed below has been issued to the Covered Entity named above for the period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded as described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown are minimum liability limits required and may have been reduced by defense costs and paid claims.						
TRUST PLAN LTR	TYPE OF COVERAGE	TRUST PLAN	EFFECTIVE DATE	EXPIRATION DATE	MINIMUM LIABILITY LIMITS	
A	General Liability <input type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Claims-Made	[REDACTED]	07/01/2012	07/01/2013	General Aggregate [REDACTED] Products-Comp/Op Agg [REDACTED] Personal/Advertising Injury [REDACTED] Each Occurrence [REDACTED] Med Exp (Any One Person) [REDACTED]	
A	Professional Liability <input type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Claims-Made	[REDACTED]	07/01/2012	07/01/2013	\$10,000,000 Each Medical Incident Unlimited Aggregate	
	Professional Excess Liability (Claims-Made Coverage)				Each Medical Incident	
	Extended Reporting (Tail):		Effective Date: Retro Date:			
DESCRIPTION OF OPERATIONS / LOCATIONS / SPECIAL ITEMS: Evidence of general and professional liability for the following locations: Ascension Health Alliance, Ascension Health, Saint Thomas Health, Saint Thomas Network, Saint Thomas Hospital. Limits are not pyramiding or stacking if more than one coverage applies to the same claim. Except where otherwise required by law, all insureds share the limits of liability.						
Certificate Holder		Cancellation Clause				
Ascension Health Alliance 11775 Borman Drive St. Louis, MO 63146		Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.				
		Authorized Representative <div style="text-align: right; font-size: 2em; font-family: cursive;">  </div>				

CERTIFICATE OF COVERAGE					Issue Date: 8/26/2014 Certificate #: AH 25109	
Producer Ascension Risk Services P.O. Box 46944 11775 Borman Drive, Suite 300 St. Louis, MO 63146 coi-credrequests@ascensionhealth.org		This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded below.				
Covered Entity Ascension Health Alliance 11775 Borman Drive St. Louis, MO 63146		Trust Plan Letter A Ascension Health Alliance Self-Insurance Trust Account				
COVERAGES						
This is to certify that the coverage listed below has been issued to the Covered Entity named above for the period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded as described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown are minimum liability limits required and may have been reduced by defense costs and paid claims.						
TRUST PLAN LTR	TYPE OF COVERAGE	TRUST PLAN	EFFECTIVE DATE	EXPIRATION DATE	MINIMUM LIABILITY LIMITS	
A	General Liability <input type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Claims-Made	[REDACTED]	07/01/2013	07/01/2014	General Aggregate [REDACTED] Products-Comp/Op Agg [REDACTED] Personal/Advertising Injury [REDACTED] Each Occurrence [REDACTED] Med Exp (Any One Person) [REDACTED]	
A	Professional Liability <input type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Claims-Made	[REDACTED]	07/01/2013	07/01/2014	[REDACTED] Each Medical Incident [REDACTED] Aggregate	
	Professional Excess Liability (Claims-Made Coverage)				Each Medical Incident	
	Extended Reporting (Tail):		Effective Date: Retro Date:			
DESCRIPTION OF OPERATIONS / LOCATIONS / SPECIAL ITEMS: Evidence of general and professional liability for the following locations: Ascension Health Alliance, Ascension Health, Saint Thomas Health, Saint Thomas Network, Saint Thomas West Hospital f/k/a Saint Thomas Hospital. Limits are not pyramiding or stacking if more than one coverage applies to the same claim. Except where otherwise required by law, all insureds share the limits of liability.						
Certificate Holder		Cancellation Clause				
Ascension Health Alliance 11775 Borman Drive St. Louis, MO 63146		Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. Authorized Representative <div style="text-align: right; font-size: 2em; font-family: cursive;">AB</div>				

CERTIFICATE OF COVERAGE					Issue Date: 8/26/2014 Certificate #: AH 25110	
Producer Ascension Risk Services P.O. Box 46944 11775 Borman Drive, Suite 300 St. Louis, MO 63146 coi-credrequests@ascensionhealth.org			This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded below.			
Covered Entity Ascension Health Alliance 11775 Borman Drive St. Louis, MO 63146			Trust Plan Letter A Ascension Health Alliance Self-Insurance Trust Account			
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TRUST PLAN LTR	TYPE OF COVERAGE	TRUST PLAN	EFFECTIVE DATE	EXPIRATION DATE	MINIMUM LIABILITY LIMITS	
A	General Liability <input type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Claims-Made	[REDACTED]	07/01/2014	07/01/2015	General Aggregate [REDACTED] Products-Comp/Op Agg [REDACTED] Personal/Advertising Injury [REDACTED] Each Occurrence [REDACTED] Med Exp (Any One Person) [REDACTED]	
A	Professional Liability <input type="checkbox"/> Occurrence <input checked="" type="checkbox"/> Claims-Made	[REDACTED]	07/01/2014	07/01/2015	[REDACTED] Each Medical Incident [REDACTED] Aggregate	
	Professional Excess Liability (Claims-Made Coverage)				Each Medical Incident	
	Extended Reporting (Tail):		Effective Date: Retro Date:			
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